

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. THIS IS A PERMANENT RECORD

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33673

1. PLACE OF DEATH
 County Madison Registration District No. 538 File No. _____
 Townshp _____ Primary Registration District No. 3028 Registered No. 47
 City Fredericktown, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Henrietta Nelson
 (a) Residence, No. _____ St. 2 Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Nelson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 15
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.
 13. NAME Lunsford Ellis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.
 15. MAIDEN NAME Nancy Rice
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.
 17. INFORMANT (ADDRESS) Jules Nelson
Fredericktown Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown, Mo. DATE Oct 21 1933
 19. UNDERTAKER (ADDRESS) H. N. Webb
 20. FILED Oct 21 1933 J. C. Clougher Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933 to Oct 20 1933
 I last saw him alive on Aug 22 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset Oct 20
82A
71
 Other contributory causes of importance:
arterio-sclerosis (marked)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ✓
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? ✓
 If so, specify _____
 (Signed) J. C. Clougher, M. D.
 (Address) Fredericktown, Mo.

